

## MONTHLY OPERATING REPORT

### CHAPTER 11

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee For Period Feb 1 to Feb 28, 20 10.

THIS REPORT IS DUE IS DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 3-19-10  
(date)

Debtor(s)\*: Prevalence Health, LLC

By:\*\* Chris Cooley

Position: Acting CFO

Name of preparer: Chris Cooley

Telephone No. of Preparer 601-981-0070 ext 233

\* both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

Filing Date	Month	Month	Month	Month	Month
12/31/09	1/31/10	2/28/10			
<b>ASSETS:</b>					
CURRENT ASSETS:					
Cash.....*	1,685,525	1,484,147			
Accounts Receivable, Net.....	292,898	293,506			
Inventory, at lower of cost or market.....	0	0			
Prepaid expenses & deposits.....	75000	84,930	78,400		
Other <u>Receivable from Sale of Assets</u>	19,656	19,656	19,656		
TOTAL CURRENT ASSETS.....	2,065,267	2,083,009	1,876,759		
PROPERTY, PLANT & EQUIPMENT.....					
Less accumulated depreciation.....					
NET PROPERTY, PLANT & EQUIPMENT.....	0	0	0		
OTHER ASSETS					
<u>deposits</u>	56,726	55,733	55,733		
TOTAL OTHER ASSETS.....	56,726	55,733	55,733		
TOTAL ASSETS.....	2,121,993	2,138,742	1,931,442		

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2-B  
Page 1 of 2  
1/08

\* Account contains approximately \$187,768 that related to funds received for payment of post-acquisition receivables into Prevalence's account that is owed to SafeMeds. The offset is in Accruals, which includes a liability to SafeMeds of the same amount.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

**ASSETS:**

**CURRENT ASSETS:**

Cash.....  
Accounts Receivable, Net.....  
Inventory, at lower of cost or market.....  
Prepaid expenses & deposits.....

Other Receivable from Sale of Assets

**TOTAL CURRENT ASSETS**.....  
**PROPERTY, PLANT & EQUIPMENT**.....  
Less accumulated depreciation.....  
**NET PROPERTY, PLANT & EQUIPMENT**.....

**OTHER ASSETS**  
Deposits

**TOTAL OTHER ASSETS**.....

**TOTAL ASSETS**.....

Filing Date	5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09
Cash	570,988	616,550	513,396	406,712	417,638	611,481	670,134
Accounts Receivable, Net	960,787	864,350	773,450	807,823	754,398	333,169	277,976
Inventory, at lower of cost or market	365,452	372,870	402,765	400,478	0	0	0
Prepaid expenses & deposits	118,110	151,573	170,827	139,406	122,958	820,54	82,448
Other Receivable from Sale of Assets					954,185	954,185	954,185
<b>TOTAL CURRENT ASSETS</b>	2019,337	2002,363	1860,452	1,754,419	2,249,179	1,980,929	1,984,743
<b>PROPERTY, PLANT &amp; EQUIPMENT</b>	2336,097	2386,097	2386,097	2386,096	0	0	0
Less accumulated depreciation	2244,328	2253,093	2253,093	2253,093	0	0	0
<b>NET PROPERTY, PLANT &amp; EQUIPMENT</b>	141,769	133,004	124,593	116,352	0	0	0
<b>OTHER ASSETS</b>							
<u>Deposits</u>	48,192	54,193	56,762	56,762	56,726	56,726	56,726
<b>TOTAL OTHER ASSETS</b>							
<b>TOTAL ASSETS</b>	2109,298	2185,660	2,041,271	1,927,497	2,305,905	2,037,658	2,041,469

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

\* Adjustments from May 31 to June 9 are not available.

\*\* Reflects both disputed charges billed to Prevalence and amounts reimbursed by SafeMeds.

(A) Effective 9/30/2009, Debtor sold the majority of its assets. This amount represents the monies due the Seller from the Buyer at closing on 10/6/2009.

CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:	Filing Date		Month		Month		Month		Month	
	12/31/09	1/31/10	2/28/10							
POST-PETITION LIABILITIES:										
Taxes payable (Form 2-E, pg.1 of 3).....	0	0	0							
Accounts payable (Form 2-E, pg.1 of 3).....	92,775	92,140	98,765							
Other: <u>Misc Accounts</u>	206,887	231,038	112,386							
TOTAL POST-PETITION LIABILITIES: .....	299,662	329,178	211,151							
PRE-PETITION LIABILITIES:										
Notes payable - secured .....										
Priority debt .....										
Unsecured debt .....	5,594,513	5,595,647	5,595,021							
Other .....										
TOTAL LIABILITIES .....	5,894,175	5,924,825	5,906,172							
EQUITY (DEFICIT)	5,994,125									
PREFERRED STOCK .....	(963,542)	599,412	599,412							
COMMON STOCK .....										
RETAINED EARNINGS:										
Through filing date .....	(9,635,427)	(9,635,427)	(9,635,427)							
Post filing date .....	(130,880)	4,144,741	4,233,420							
TOTAL EQUITY (NET WORTH) .....	(3,772,182)	(3,786,083)	(3,874,730)							
TOTAL LIABILITIES & EQUITY .....	2,121,993	2,138,742	1,931,442							

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:	Filing Date	Month	Month	Month	Month	Month	Month
	5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09
POST-PETITION LIABILITIES:							
Taxes payable (Form 2-E, pg.1 of 3).....							
Accounts payable (Form 2-E, pg.1 of 3).....							
Other: <u>Accrued Payroll Vacation</u>							
<u>Misc. Accruals</u>							
TOTAL POST-PETITION LIABILITIES.....							
PRE-PETITION LIABILITIES:							
Notes payable - secured.....							
Priority debt.....							
Unsecured debt.....							
Other.....							
TOTAL LIABILITIES.....							
EQUITY (DEFICIT)							
PREFERRED STOCK.....							
COMMON STOCK.....							
RETAINED EARNINGS:							
Through filing date.....							
Post filing date.....							
TOTAL EQUITY (NET WORTH).....							
TOTAL LIABILITIES & EQUITY.....							

\* Adjustments from May 31 to June 9

are not available  
 \*\* Includes amounts billed to Prevalence that are disputed  
 \*\*\* Includes amounts owed to Safe Meds that were paid to Prevalence

FORM 2-C  
1/08

CASENAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month	Month	Month	Month	Month
	12/1/09-12/31/09	1/1/10-1/31/10	2/1/10-2/28/10		
NET REVENUE.....	0	0	0		
<u>COST OF GOODS SOLD:</u> *					
Material.....	33760	0	0		
Labor-Direct.....					
Manufacturing Overhead.....					
TOTAL COST OF GOODS SOLD:.....	33760	0	0		
GROSS PROFIT:.....	66240	0	0		
<u>OPERATING EXPENSES:</u>					
Selling and Marketing.....					
General and Administrative (rents, utilities, salaries, etc.)..... **	13,150	13,901	88,647		
Other.....					
TOTAL OPERATING EXPENSES.....	13,150	13,901	88,647		
INTEREST EXPENSE.....	549	0	0		
INCOME BEFORE DEPRECIATION OR TAXES:.....	51,090	86,099	88,647		
DEPRECIATION OR AMORTIZATION.....	0	0	0		
EXTRAORDINARY EXPENSES *.....	0	0	0		
INCOME TAX EXPENSE (BENEFIT).....	0	0	0		
NET INCOME (LOSS).....	51,090	86,099	88,647		

\* Requires explanation in NARRATIVE (Form 2-F)

\* Cost of sales for SafeMeds' benefit - reimbursed by SafeMeds  
\*\* Includes COS expenses for SafeMeds - reimbursed by SafeMeds plus disputed billings by third parties.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

Month *	Month	Month	Month	Month	Month
6/1/09 - 6/30/09	7/1/09 - 7/31/09	8/1/09 - 8/31/09	9/1/09 - 9/30/09	10/1/09 - 10/31/09	11-1-09 to 11/30/09
1,234,205	1,186,933	1,051,684	986,153	49,570	0
1,028,341	948,373	880,562	816,815	31,379	4,225
1,028,341	948,373	880,562	816,815	31,379	4,225
205,864	188,560	171,122	64,338	18,191	1,225
328,598	291,324	211,439	205,451	46,513	45,536
1,491	1,488	615	287	202	
412,734	4104,255	41,805	4136,728	428,609	444,513
8765	8412	8240	7955	0	0
0			400,650	27945	
0					
4131,499	4112,667	450,045	755,967	46647	444,513

\*Requires explanation in NARRATIVE (Form 2-F)

FORM 2-C  
1/08

\* Adjustments from May 31 to June 9 are not available.  
 \*\* Reflects both disputed charges billed to Prevalence and amounts reimbursed by SafeMeds.  
 (B) Effective 9/30/2009, Debtor sold the majority of its assets. This amount represents the monies due the Seller from the Buyer at closing on 10/6/2009.

CASE NAME: Prevalence Health LLC CASENUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period Feb 1 to Feb 28, 2010

**CASH RECONCILIATION**

1. Beginning Cash Balance (Ending Cash Balance from last month's report) \$ 1685525
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's) \$ 562,001
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's) \$(763,379)
4. Net Cash Flow \$
5. Ending Cash Balance (to FORM 2-B) \$ 1,484,147

**CASH SUMMARY - ENDING BALANCE**

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$ <u>                    </u>	
2. <del>Trust Account</del> - <u>DIP Op Acct</u>	\$ <u>58</u>	<u>Regions</u>
3. Operating and/or Personal Account	\$ <u>547,868</u>	<u>Regions</u>
4. Payroll Account	\$ <u>                    </u>	
5. Tax Account	\$ <u>                    </u>	
6. Other Accounts (Specify checking or savings) <u>Sale proceeds Mun Acct.</u>	\$ <u>936,221</u>	<u>Regions</u>
7. Cash Collateral Account	\$ <u>                    </u>	
8. Petty Cash	\$ <u>                    </u>	
TOTAL (must agree with line 5 above)	\$ <u>1,484,147</u>	

\*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

**ADJUSTED CASH DISBURSEMENTS**

Cash disbursements on Line 3 above less inter-account transfers & UST fees paid \$ 763,379 \*

\* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.



CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

### QUARTERLY FEE SUMMARY

MONTH ENDED \_\_\_\_\_

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ <u>499,937</u>			
February	\$ <u>763,379</u>			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ _____			
Total				
2nd Quarter	\$ _____	\$ _____		
July	\$ _____			
August	\$ _____			
September	\$ _____			
Total				
3rd Quarter	\$ _____	\$ _____		
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

### QUARTERLY FEE SUMMARY

MONTH ENDED \_\_\_\_\_

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ <u>825,337</u>			
Total				
2nd Quarter	\$ <u>825,337</u>	\$ <u>4,875 *</u>	<u>61179</u>	<u>7/20/09</u>
July	\$ <u>1,309,312</u>			
August	\$ <u>1,070,434</u>			
September	\$ <u>920,721</u>			
Total				
3rd Quarter	\$ <u>3,300,467</u>	\$ <u>10,400 *</u>	<u>61390</u>	<u>10/16/09</u>
October	\$ <u>448,995</u>			
November	\$ <u>472,141</u>			
December	\$ <u>606,081</u>			
Total				
4th Quarter	\$ <u>1,567,217</u>	\$ <u>6,500</u>	<u>61430</u>	<u>3/8/10</u>

\* Actually Paid 6,500

\* Actually paid \$8,775 to make up for overpayment in 2nd Qtr.

### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Feb 1 to Feb 28, 20 10

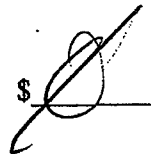
Account Name: Prevalence Health Account Number: 0101894579  
DIP

**CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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Total Cash Receipts

\$ 

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Feb 1 to Feb 28, 2010

Account Name: Prevalence Health LLC Account Number: 0101894579  
DIP

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
2/9/10	ACH	Regions	Bank fees	20

Total Cash Disbursements \$ 20

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Feb 1 to Feb 28, 2010

Account Name: Prevalence Health Account Number: 901277993

**CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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See Attached

Total Cash Receipts \$ 561,183

***Prevalence Health LLC***

Cash Deposits

<u>Date</u>	<u>Description / Source</u>	<u>Amount</u>
2/1/2010	Patient Co-Pay	\$98.31
2/1/2010	Insurance / Medicaid / Medicare	\$12,637.21
2/3/2010	Patient Co-Pay	\$11.65
2/3/2010	Patient Co-Pay	\$124.70
2/3/2010	Insurance / Medicaid / Medicare	\$35,285.60
2/4/2010	Insurance / Medicaid / Medicare	\$2,071.03
2/4/2010	Insurance / Medicaid / Medicare	\$10,854.38
2/4/2010	Insurance / Medicaid / Medicare	\$21,949.53
2/5/2010	Patient Co-Pay	\$35.00
2/5/2010	MemberHealth	\$17,542.02
2/8/2010	Patient Co-Pay	\$20.00
2/8/2010	Patient Co-Pay	\$58.80
2/8/2010	Insurance / Medicaid / Medicare	\$208.60
2/9/2010	Insurance / Medicaid / Medicare	\$4,069.74
2/9/2010	Insurance / Medicaid / Medicare	\$9,035.12
2/9/2010	Insurance / Medicaid / Medicare	\$43,748.93
2/10/2010	Patient Co-Pay	\$7.00
2/11/2010	Patient Co-Pay	\$50.00
2/11/2010	Insurance / Medicaid / Medicare	\$106.20
2/11/2010	Patient Co-Pay	\$592.78
2/11/2010	Insurance / Medicaid / Medicare	\$4,527.48
2/11/2010	Insurance / Medicaid / Medicare	\$143,744.86
2/12/2010	Patient Co-Pay	\$110.01
2/12/2010	Insurance / Medicaid / Medicare	\$17,969.17
2/16/2010	Patient Co-Pay	\$162.90
2/16/2010	Patient Co-Pay	\$858.25
2/16/2010	Insurance / Medicaid / Medicare	\$16,153.91
2/16/2010	Reimb from Butler Snow	\$38,648.84
2/17/2010	Patient Co-Pay	\$138.50
2/17/2010	Patient Co-Pay	\$612.59
2/17/2010	Insurance / Medicaid / Medicare	\$8,406.09
2/17/2010	Insurance / Medicaid / Medicare	\$16,829.91
2/18/2010	Insurance / Medicaid / Medicare	\$309.13
2/18/2010	Insurance / Medicaid / Medicare	\$2,535.47
2/18/2010	Patient Co-Pay	\$3,237.19
2/18/2010	Insurance / Medicaid / Medicare	\$39,869.78
2/19/2010	Patient Co-Pay	\$22.60
2/19/2010	Insurance / Medicaid / Medicare	\$11,287.48
2/22/2010	Patient Co-Pay	\$25.70
2/22/2010	Insurance / Medicaid / Medicare	\$14,780.66
2/22/2010	Insurance / Medicaid / Medicare	\$16,819.19
2/23/2010	Patient Co-Pay	\$4.00
2/23/2010	Patient Co-Pay	\$1,211.66
2/23/2010	Insurance / Medicaid / Medicare	\$9,459.01
2/23/2010	Insurance / Medicaid / Medicare	\$3,215.00
2/23/2010	Insurance / Medicaid / Medicare	\$11,542.38
2/24/2010	Insurance / Medicaid / Medicare	\$3.65
2/24/2010	Patient Co-Pay	\$75.00
2/25/2010	Patient Co-Pay	\$32.00
2/25/2010	Patient Co-Pay	\$129.29
2/25/2010	Insurance / Medicaid / Medicare	\$1,622.94
2/25/2010	Insurance / Medicaid / Medicare	\$7,995.91
2/26/2010	Patient Co-Pay	\$31.00
2/26/2010	Patient Co-Pay	\$202.55
2/26/2010	Insurance / Medicaid / Medicare	\$8,959.16
2/26/2010	Insurance / Medicaid / Medicare	\$21,143.52
		<u>\$561,183.38</u>

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Feb 1 to Feb 28, 2010

Account Name: Prevalence Health Account Number: 9001277993

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
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*See Attached*

Total Cash Disbursements \$ 763,359

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

**Prevalence Health, LLC**

Cash Disbursements

<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
2/1/2010	Wire 2/1/2010 1	SafeMeds Solutions	AR Collections Reimb (\$98.34)
2/1/2010	Wire 2/1/2010 2	SafeMeds Solutions	AR Collections Reimb (\$93,877.64)
2/2/2010	Wire 2/2/2010	Regions Bank	Bank Fees (\$131.59)
2/9/2010	Wire 2/9/2010 1	Regions Bank	Bank Fees (\$207.62)
2/10/2010	Wire 2/10/2010 1	SafeMeds Solutions	AR Collections Reimb (\$153,376.76)
2/12/2010	Wire 2/12/2010 1	SafeMeds Solutions	AR Collections Reimb (\$143,744.86)
2/12/2010	Wire 2/12/2010 2	SafeMeds Solutions	AR Collections Reimb (\$4,527.48)
2/16/2010	Wire 2 16 2010	Butler Snow	Legal Fees (\$126,840.57)
2/19/2010	Wire 2/19/2010	Pitney Bowes-INTERNAL USE ONLY	Postage - To be Reimb by SafeMeds (\$200.00)
2/22/2010	Wire 2/22/2010 1	Regions Bank	Bank Fees (\$6.50)
2/22/2010	Wire 2/22/2010 2	Regions Bank	Bank Fees (\$3.30)
2/25/2010	Wire 2/25/2010 1	SafeMeds Solutions	AR Collections Reimb (\$216,308.63)
2/26/2010	Wire 2/26/2010	SafeMeds Solutions	AR Collections Reimb (\$24,036.19)
			<u>(\$763,359.48)</u>



CASE NAME: Prevalence Health LLC  
CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Feb 1 to Feb 28, 20 10

Account Name: Prevalence Health Account Number: 0121075971

**CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
<u>2/26/10</u>	<u>Interest Revenue</u>	<u>\$18.</u>

Total Cash Receipts \$ 318

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee



**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Feb 1 to Feb 28, 2010

Account Name: Prevalence Health Account Number: 0121078971

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
				
Total Cash Disbursements				\$ 

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016 ee

**SUPPORTING SCHEDULES**

For Period Feb 1 to Feb 28, 2010

**POST-PETITION ACCOUNTS PAYABLE AGING REPORT**

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS			\$	\$	\$	\$

*See Attached \**

\* Reflects charges billed to Prevalence, including charges disputed by Prevalence

Vendor	Date	No.	Age	Open Balance	Memo
Advocate Solutions	6/15/2009	2032	258	\$664.00	120+
Williams Montgomery & John Ltd.	6/15/2009	155576	258	\$2,749.36	120+
Hamilton Partners	6/20/2009		253	\$14,769.94	120+
Westwood Square, P/S/P	6/20/2009		253	\$250.00	120+
Avaya, Inc.	6/26/2009	2728939461	247	\$761.49	120+
Wells Fargo Financial Leasing	6/30/2009	6745121525	243	\$298.03	120+
Anda	7/1/2009	775310	242	(\$47.54)	120+
Anda	7/1/2009	774707	242	(\$48.43)	120+
Anda	7/2/2009	780875	241	(\$30.00)	120+
Hamilton Partners	7/2/2009	090702-10786	241	\$2,080.33	120+
Young Williams P.A.	7/7/2009	49592 Pre	236	\$1,011.50	120+
ComEd- Commonwealth Edison	7/8/2009	6/8-7/8/09	235	\$479.16	120+
Broward County Revenue Collector	7/14/2009	Local Business Tax Renewal	229	\$45.00	120+
North Shore Gas	7/16/2009	6/12-7/14/09	227	\$69.30	120+
Hamilton Partners	7/17/2009	090717-10786	226	\$633.01	120+
Toyota Financial Services	7/17/2009	4000250558	226	\$207.09	120+
Hamilton Partners	7/20/2009		223	\$14,769.94	120+
Westwood Square, P/S/P	7/20/2009		223	\$250.00	120+
Banc Of America Leasing	7/21/2009	011093620	222	\$326.50	120+
Avaya, Inc.	7/26/2009	2729047343	217	\$761.48	120+
North Shore Gas	7/30/2009	6/9-7/14/09	213	\$69.26	120+
Journal	7/31/2009	854	212	(\$7,782.84)	120+
Wells Fargo Financial Leasing	7/31/2009	6745159529	212	\$298.03	120+
Aetna Maintenance, Inc.	8/1/2009	82761	211	\$500.32	120+
ComEd- Commonwealth Edison	8/6/2009	7/8-8/6/09	206	\$1,135.03	120+
North Shore Gas	8/13/2009	7/14-8/12/09	199	\$140.69	120+
Hamilton Partners	8/20/2009		192	\$14,769.94	120+
Westwood Square, P/S/P	8/20/2009		192	\$250.00	120+
Banc Of America Leasing	8/21/2009	011138583	191	\$291.50	120+
Young Williams P.A.	8/24/2009	49592 Post - 1	188	\$74.75	120+
Avaya, Inc.	8/26/2009	2729164647	186	\$761.48	120+
Quill	8/28/2009	8951299	184	\$110.85	120+
Wells Fargo Financial Leasing	8/31/2009	6745198232	181	\$298.03	120+
Aetna Maintenance, Inc.	9/1/2009	92762	180	\$500.32	120+
CT Corporation	9/1/2009	2004471657-00	180	\$1,620.00	120+
Quill	9/3/2009	9080458	178	\$72.79	120+
ComEd- Commonwealth Edison	9/4/2009	8/6-9/4/09	177	\$1,608.16	120+
North Shore Gas	9/16/2009	8/12-9/14/09	165	\$70.44	120+
Banc Of America Leasing	9/20/2009		161	\$291.50	120+
Hamilton Partners	9/20/2009		161	\$14,769.94	120+
Westwood Square, P/S/P	9/20/2009		161	\$250.00	120+
Avaya, Inc.	9/26/2009	2729265177	155	\$761.48	120+
Moore Wallace An RR Donnelley Co.	9/29/2009	873050230	152	\$134.50	120+
Moore Wallace An RR Donnelley Co.	9/29/2009	169997267	152	\$1,313.09	120+
Wells Fargo Financial Leasing	9/30/2009	6745237646	151	\$298.03	120+
Aetna Maintenance, Inc.	10/1/2009	105711	150	\$500.32	120+
Avaya, Inc.	10/1/2009	2729282145	150	\$264.42	120+
ComEd- Commonwealth Edison	10/6/2009	9/4-10/6/09	145	\$2,051.14	120+
North Shore Gas	10/14/2009	9/14-10/14/09	137	\$287.75	120+
Sun Microsystems Global Financial Services	10/15/2009	591219022 1911	136	(\$1,579.44)	120+
Hamilton Partners	10/20/2009		131	\$14,769.94	120+
Machost Road LLC	10/20/2009		131	\$1,600.00	120+
Westwood Square, P/S/P	10/20/2009		131	\$250.00	120+
Banc Of America Leasing	10/21/2009	11226721	130	\$291.50	120+
Wells Fargo Financial Leasing	10/30/2009	6745277684	121	\$298.03	120+
				\$91,341.11	120+ Total
City of Zachary	11/6/2009	02-00760402	114	\$9.81	91-120
				\$9.81	91-120 Total
Banc Of America Leasing	12/21/2009	011311429	69	\$343.00	61-90
				\$343.00	61-90 Total
Securian Retirement Services	1/1/2010	01012010/03312010	58	\$571.00	31-60
U.S. Trustee	1/7/2010	01072010	52	\$6,500.00	31-60
				\$7,071.00	31-60 Total
				\$98,764.92	Grand Total

**Prevalence Health, LLC**  
**Accrued Expenses - Month End Accruals**  
**February 2010**

<u>Description</u>	<u>Amount</u>
Misc Accrual	7,284.00
US Trustee Fee	2,200.00
2008 Audit & Tax Return	4,979.00
2008 FL operating expenses - Rent	134.00
ABC Interest Post	1,278.00
LA Script Fee	934.00
AR Collections Owed to SafeMeds Solutions	93,267.00
401k Admin Fees	2,310.00
Total Accrued Expenses	<u>112,386.00</u>
Balance per GL	<u>112,386.00</u>
Difference	<u>-</u>



3/18/2010

Prevalence Health, LLC  
Accounts Receivable Summary  
February 28, 2010

Receivable from:	Current	31-60	61-90	91 - 120	120+	Total
Insurance (Medicaid) Patients (Co-Pay)	\$ -	\$ -	\$ -	\$ 13	\$ 283,279	\$ 283,291
					208,127	208,127
Total Accounts Rec	\$ -	\$ -	\$ -	\$ 13	\$ 491,406	\$ 491,418
Estimated Reserve						
Insurance	0.25%	-	-	1	349,766	349,767
Patients	25.0%	0.25%	2.0%	5.0%	50.0%	
		50.0%	100.0%	100.0%	100.0%	
AR per ScriptMed	\$ 491,418					
Deposits in NetSuite not ScriptMed	\$ (6,543)					
Not in Amount Due SafeMeds						
Difference in MS Medicaid	\$ (32,684)					
Rec Vs Posted						
Adjusted AR per ScriptMed	452,192					
AR per GL	452,192					
Difference	-					

Prepared by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**Prevalence Health**  
**AR Aging - 12/31/2009**

<u>Plan</u>	<u>Total</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>120+</u>
Aetna Part D- LA	36.00					36.00
Ameri Group- FL	261.00					261.00
American Prog Part D- FL	1,200.00					1,200.00
Community Care Part D- FL	2,112.00					2,112.00
Community Care Part D- LA	2,562.00					2,562.00
Coventry Part D- LA	113.00					113.00
Florida Medicaid	21,082.00					21,082.00
Florida Medicaid DME	48,959.00					48,959.00
Healthspring Part D- LA	1,974.00					1,974.00
Humana Part D- FL	3,945.00					3,945.00
Humana Part D- LA	579.00					579.00
Illinois Medicaid	9,999.00					9,999.00
Indiana Medicaid	927.00					927.00
Louisiana Medicaid	47,498.00				13.00	47,485.00
MS Blue Cross LA/MS	588.00					588.00
Medco Part D- FL	20.00					20.00
Medco Part D- LA	1,800.00					1,800.00
Member Health Part D- FL	1,843.00					1,843.00
Member Health Part D- LA	3,011.00					3,011.00
Marquette National Part D- FL	706.00					706.00
Marquette National Part D- LA	256.00					256.00
Mississippi Medicaid	16,055.00					16,055.00
Mississippi Med Supplies	66,470.00					66,470.00
NDC Part D- LA	31.00					31.00
Omnisys Medicare- IL	31,562.00					31,562.00
Pacificare Part D-FL	2,501.00					2,501.00
Pacificare Part D- LA	1,604.00					1,604.00
Pacificare Wrap Part D- LA	577.00					577.00
Amerigroup PCS- FL	1,306.00					1,306.00
POS Temp Payment Part D- LA	74.00					74.00
RX America Part D- LA	257.00					257.00
Silverscript Part D- LA	1,004.00					1,004.00
Tennessee Medicaid	1,519.00					1,519.00
United Healthcare- FL	156.00					156.00
Unicare Part D- FL	4,548.00					4,548.00
Unicare Part D- LA	136.00					136.00
Wellcare Healthease	2,125.00					2,125.00
Wellcare Part D- FL	3,367.00					3,367.00
Wellcare Part D- LA	541.00					541.00
<b>Total</b>	<b>283,304.00</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13.00</b>	<b>283,291.00</b>



CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

**SUPPORTING SCHEDULES**

For Period Feb 1 to Feb 28, 20 10

**INSURANCE SCHEDULE**

<u>Type</u>	<u>Carrier/Agent</u>	<u>Coverage (\$)</u>	<u>Date of Expiration</u>	<u>Premium Paid</u>
Workers' Compensation	<u>(X)</u>			
General Liability	<u>Arch Spec</u>	<u>3,000,000 Ag</u> <u>1,000,000 or</u>	<u>3/1/10</u>	<u>Yes</u>
Property (Fire, Theft)	<u>(X)</u>			
Vehicle	<u>(X)</u>			
Other (list):				
<u>D+D</u>	<u>Darwin National</u>	<u>3,000,000</u>	<u>3/1/10</u>	<u>Yes</u>

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

(Y) These policies were cancelled as of the date of the sale of the assets due to Prevalence no longer having employees or property.

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## NARRATIVE STATEMENT

For Period \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

**Please provide a brief description of the significant business and legal action by the debtor, its creditors or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.



Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00077137 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
4270 I 55 N STE 102  
JACKSON MS 39211-6394



ACCOUNT # 0121078971

Cycle 001  
Enclosures 26  
Page 0  
1 of 1

**BUSINESS MONEY MARKET**  
January 30, 2010 through February 26, 2010

**SUMMARY**

Beginning Balance	\$935,403.21		Minimum Balance	\$935,403
Deposits & Credits	\$0.00	+	Average Balance	\$935,403
Net Interest Earned	\$818.37	+	Annual Percentage Yield Earned	1.15%
Withdrawals	\$0.00	-	Interest This Period	\$818.37
Fees	\$0.00	-	Average Collected Balance	\$935,403.21
Automatic Transfers	\$0.00	+	2010 YTD Interest	\$1,692.10
Checks	\$0.00	-		
Ending Balance	\$936,221.58			

**INTEREST**

02/26 Interest Payment 818.37

**DAILY BALANCE SUMMARY**

Date	Balance	Date	Balance	Date	Balance
02/26	936,221.58				

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00077105 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
CHAPTER 11 DEBTOR IN POSSESSION  
CASE NO 09-02016-EE  
4270 I 55 N STE 102  
JACKSON MS 39211-6394

ACCOUNT # 0101894579

Cycle 001  
Enclosures 26  
Page 0  
1 of 1**COMMERCIAL ANALYZED CHECKING**

January 30, 2010 through February 26, 2010

**SUMMARY**

Beginning Balance	\$78.13	Minimum Balance	\$58
Deposits & Credits	\$0.00 +		
Withdrawals	\$0.00 -		
Fees	\$20.01 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$58.12		

**FEES**

02/09	Analysis Charge	01-10	20.01
-------	-----------------	-------	-------

**DAILY BALANCE SUMMARY**

Date	Balance	Date	Balance	Date	Balance
02/09	58.12				

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**Prevalence Health, LLC**  
**Reconciliation Summary - 1001 Regions**  
**As of 2/28/2010**

ID	Balance
<b>Reconciled</b>	
Cleared Deposits and Other Credits	561,183.38
Cleared Checks and Payments	(769,532.81)
Total - Reconciled	(208,349.43)
Last Reconciled Statement Balance - 1/31/2010	759,670.22
Current Reconciled Balance	551,320.79
Reconcile Statement Balance - 2/28/2010	551,320.79
Difference	0.00
<b>Unreconciled</b>	
<b>Uncleared</b>	
Checks and Payments	(4,979.11)
Total - Uncleared	(4,979.11)
<b>Cleared</b>	
Deposits and Other Credits	1,577.64
Total - Cleared	1,577.64
Total as of 2/28/2010	547,919.32

**Prevalence Health, LLC**  
**Reconciliation Detail - 1001 Regions**  
**As of 2/28/2010**

ID	Date	No.	Balance
<b>Reconciled</b>			
<b>Cleared Deposits and Other Credits</b>			
Deposit	2/1/2010		12,637.21
Deposit	2/1/2010		98.31
Deposit	2/3/2010		35,285.60
Deposit	2/3/2010		124.70
Deposit	2/3/2010		11.65
Deposit	2/4/2010		2,071.03
Deposit	2/4/2010		21,949.53
Deposit	2/4/2010		10,854.38
Deposit	2/5/2010		35.00
Deposit	2/5/2010		17,542.02
Deposit	2/8/2010		208.60
Deposit	2/8/2010		20.00
Deposit	2/8/2010		58.80
Deposit	2/9/2010		43,748.93
Deposit	2/9/2010		4,069.74
Deposit	2/9/2010		9,035.12
Deposit	2/10/2010		7.00
Deposit	2/11/2010		592.78
Deposit	2/11/2010		50.00
Deposit	2/11/2010		106.20
Deposit	2/11/2010		143,744.86
Deposit	2/11/2010		4,527.48
Deposit	2/12/2010		17,969.17
Deposit	2/12/2010		110.01
Deposit	2/16/2010		162.90
Deposit	2/16/2010		16,153.91
Deposit	2/16/2010		858.25
Deposit	2/16/2010		38,648.84
Deposit	2/17/2010		8,406.09
Deposit	2/17/2010		612.59
Deposit	2/17/2010		138.50
Deposit	2/17/2010		16,829.91
Deposit	2/18/2010		2,535.47
Deposit	2/18/2010		309.13
Deposit	2/18/2010		39,869.78
Deposit	2/18/2010		3,237.19
Deposit	2/19/2010		22.60
Deposit	2/19/2010		11,287.48
Deposit	2/22/2010		14,780.66
Deposit	2/22/2010		16,819.19
Deposit	2/22/2010		25.70
Deposit	2/23/2010		24,216.39
Deposit	2/23/2010		4.00
Deposit	2/23/2010		1,211.66
Deposit	2/24/2010		3.65
Deposit	2/24/2010		75.00
Deposit	2/25/2010		7,995.91
Deposit	2/25/2010		1,622.94
Deposit	2/25/2010		129.29
Deposit	2/25/2010		32.00
Deposit	2/26/2010		31.00
Deposit	2/26/2010		202.55

ID	Date	No.	Balance
Deposit	2/26/2010		8,959.16
Deposit	2/26/2010		21,143.52
Total - Cleared Deposits and Other Credits			561,183.38
<b>Cleared Checks and Payments</b>			
Bill Payment	1/27/2010	61429	(6,173.33)
Check	2/1/2010	Wire 2/1/2010 1	(98.34)
Check	2/1/2010	Wire 2/1/2010 2	(93,877.64)
Check	2/2/2010	Wire 2/2/2010	(131.59)
Check	2/9/2010	Wire 2/9/2010 1	(207.62)
Check	2/10/2010	Wire 2/10/2010 1	(153,376.76)
Check	2/12/2010	Wire 2/12/2010 1	(143,744.86)
Check	2/12/2010	Wire 2/12/2010 2	(4,527.48)
Check	2/16/2010	Wire 2 16 2010	(126,840.57)
Check	2/19/2010	Wire 2/19/2010	(200.00)
Check	2/22/2010	Wire 2/22/2010 2	(3.30)
Check	2/22/2010	Wire 2/22/2010 1	(6.50)
Check	2/25/2010	Wire 2/25/2010 1	(216,308.63)
Check	2/26/2010	Wire 2/26/2010	(24,036.19)
Total - Cleared Checks and Payments			(769,532.81)
Total - Reconciled			(208,349.43)
Last Reconciled Statement Balance - 1/31/2010			759,670.22
Current Reconciled Balance			551,320.79
Reconcile Statement Balance - 2/28/2010			551,320.79
Difference			0.00
<b>Unreconciled</b>			
<b>Uncleared</b>			
<b>Checks and Payments</b>			
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	3/4/2009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00)
Check	5/22/2009	eft 05 22 09	(200.00)
Bill Payment	5/26/2009	61018	(54.00)
Bill Payment	6/5/2009	61061	(18.90)
Bill Payment	6/9/2009	61063	(770.00)
Bill Payment	11/23/2009	61423	(25.00)
Bill Payment	11/23/2009	61424	(1,579.44)
Total - Checks and Payments			(4,979.11)
Total - Uncleared			(4,979.11)
<b>Cleared</b>			
<b>Deposits and Other Credits</b>			
Journal	12/31/2007		1,577.64
Total - Deposits and Other Credits			1,577.64
Total - Cleared			1,577.64
Total as of 2/28/2010			547,919.32

47 < 517  
547 868

**Regions Bank**

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00043825 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001  
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**COMMERCIAL ANALYZED CHECKING**  
January 30, 2010 through February 26, 2010

**SUMMARY**

Beginning Balance	\$759,670.22	Minimum Balance	\$545,020
Deposits & Credits	\$561,183.38 +		
Withdrawals	\$763,151.86 -		
Fees	\$207.62 -		
Automatic Transfers	\$0.00 +		
Checks	\$6,173.33 -		
Ending Balance	\$551,320.79		

**DEPOSITS & CREDITS**

02/01	State of Ill Commercial 0006Prevalence Ah6142902000696	12,637.21
02/01	Merchant Service Merch Dep Health Allianc 8003547554	98.31
02/03	Deposit - Thank You	35,285.60
02/03	Deposit - Thank You	124.70
02/03	Merchant Service Merch Dep Health Allianc 8003547554	11.65
02/04	Deposit - Thank You	21,949.53
02/04	Regions Bank Acct Trans MS364174656 Ccooley	10,854.38
02/04	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100130	2,071.03
02/05	Memberhealth Cln Payment Tedsmeds.Recei 2268739	17,542.02
02/05	Merchant Service Merch Dep Health Allianc 8003547554	35.00
02/08	Deposit - Thank You	208.60
02/08	Deposit - Thank You	58.80
02/08	Merchant Service Merch Dep Health Allianc 8003547554	20.00
02/09	Deposit - Thank You	43,748.93
02/09	State of Ill Commercial 0006Prevalence Ah6219648008301	9,035.12
02/09	State of Ill Commercial 0006Prevalence Ah6219648008302	4,069.74
02/10	Merchant Service Merch Dep Health Allianc 8003547554	7.00
02/11	Deposit - Thank You	592.78
02/11	Deposit - Thank You	106.20
02/11	Regions Bank Acct Trans MS364174656 Ccooley	143,744.86
02/11	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100206	4,527.48
02/11	Merchant Service Merch Dep Health Allianc 8003547554	50.00
02/12	Memberhealth Cln Payment Tedsmeds.Recei 2277023	17,969.17
02/12	Merchant Service Merch Dep Health Allianc 8003547554	110.01
02/16	Deposit - Thank You	16,153.91
02/16	Deposit - Thank You	858.25
02/16	Wire Transfer Butler,Snow,O'	38,648.84
02/16	Merchant Service Merch Dep Health Allianc 8003547554	162.90
02/17	Deposit - Thank You	16,829.91
02/17	Deposit - Thank You	612.59
02/17	State of Ill Commercial 0006Prevalence Ah6320664002615	8,406.09
02/17	Merchant Service Merch Dep Health Allianc 8003547554	138.50
02/18	Deposit - Thank You	39,869.78
02/18	Deposit - Thank You	3,237.19



**Regions Bank**

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



ACCOUNT # 9001277993

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**DEPOSITS & CREDITS (CONTINUED)**

02/18	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100213	2,535.47
02/18	State of Ill Commercial 0006Prevalence Ah6350416007464	309.13
02/19	Memberhealth Cln Payment Tedsmeds.Recei 2285403	11,287.48
02/19	Merchant Service Merch Dep Health Allianc 8003547554	22.60
02/22	State of Ill Commercial 0006Prevalence Ah6370859001323	16,819.19
02/22	Regions Bank Acct Trans MS364174656 Ccooley	14,780.66
02/22	Merchant Service Merch Dep Health Allianc 8003547554	25.70
02/23	Deposit - Thank You	24,216.39
02/23	Deposit - Thank You	1,211.66
02/23	Merchant Service Merch Dep Health Allianc 8003547554	4.00
02/24	Merchant Service Merch Dep Health Allianc 8003547554	75.00
02/24	State of Ill Commercial 0006Prevalence Ah6410477001873	3.65
02/25	Deposit - Thank You	129.29
02/25	Regions Bank Acct Trans MS364174656 Ccooley	7,995.91
02/25	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100220	1,622.94
02/25	Merchant Service Merch Dep Health Allianc 8003547554	32.00
02/26	Deposit - Thank You	21,143.52
02/26	Deposit - Thank You	202.55
02/26	Memberhealth Cln Payment Tedsmeds.Recei 2293741	8,959.16
02/26	Merchant Service Merch Dep Health Allianc 8003547554	31.00
<b>Total Deposits &amp; Credits</b>		<b>\$561,183.38</b>

**WITHDRAWALS**

02/01	Regions Bank Acct Trans MS364174656 Ccooley	93,877.64
02/01	Regions Bank Acct Trans MS364174656 Ccooley	98.34
02/02	Merchant Service Merch Fee Health Allianc 8003547554	131.59
02/10	Regions Bank Acct Trans MS364174656 Ccooley	153,376.76
02/12	Regions Bank Acct Trans MS364174656 Ccooley	143,744.86
02/12	Regions Bank Acct Trans MS364174656 Ccooley	4,527.48
02/16	Wire Transfer Butler, Snow, O'	126,840.57
02/19	Pitney Bowes Postage Prevalence Hea 42906255	200.00
02/22	Rtrn Depstd Itm # of Itm(S) 0002	9.80
02/25	Regions Bank Acct Trans MS364174656 Ccooley	216,308.63
02/26	Regions Bank Acct Trans MS364174656 Ccooley	24,036.19
<b>Total Withdrawals</b>		<b>\$763,151.86</b>

**FEES**

02/09	Analysis Charge	01-10	207.62
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**CHECKS**

<u>Date</u>	<u>Check No.</u>	<u>Amount</u>	<u>Date</u>	<u>Check No.</u>	<u>Amount</u>
02/01	61429	6,173.33			

**Regions Bank**

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



ACCOUNT # 9001277993

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**DAILY BALANCE SUMMARY**

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
02/01	672,256.43	02/10	663,562.56	02/22	726,038.54
02/02	672,124.84	02/11	812,583.88	02/23	751,470.59
02/03	707,546.79	02/12	682,390.72	02/24	751,549.24
02/04	742,421.73	02/16	611,374.05	02/25	545,020.75
02/05	759,998.75	02/17	637,361.14	02/26	551,320.79
02/08	760,286.15	02/18	683,312.71		
02/09	816,932.32	02/19	694,422.79		

**You may request account disclosures containing  
terms, fees, and rate information (if applicable)  
for your account by contacting any Regions office.**

**For all your banking needs, please call 1-800-REGIONS (734-4667).  
or visit us on the Internet at [www.regions.com](http://www.regions.com).**

**Thank You For Banking With Regions!**

**Regions Bank**

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



**ACCOUNT # 9001277993**

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Prevalence Health, LLC PO Box 12648 Jackson, MS 39236 (601) 961-2298	61429
Pay to the order of \$ 6173.33	
Six thousand one hundred and seventy three and 33/100 dollars	
Prevalence Health, LLC PO Box 12648 Jackson, MS 39236 T. Allen Allen	<i>[Signature]</i>
FEB 14 2010 60653059010 #9001277993 #18816571114	

**Check# 61429      02/01/2010      \$6173.33**

# Easy Steps to Balance Your Account

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Checking Account

1.	Write here the amount shown on statement for <b>ENDING BALANCE</b>	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

Check No.	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$
Enter in Line 4 at Left	

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

Summary of Our Error Resolution Procedures  
In Case of Errors or Questions About Your Electronic Transfers  
Telephone us toll-free at 1-800-444-2867  
(or, if in Birmingham area, 326-5667)  
or write us at  
Regions Electronic Funds Transfer Services  
Post Office Box 413  
Birmingham, Alabama 35201

As soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment  
EB - Electronic Banking

RI - Return Item  
NSF - Nonsufficient Funds

CR - Credit  
APY - Annual Percentage Yield

SC - Service Charge  
FWT - Federal Withholding Tax

OD - Overdrawn  
\*Break in Number Sequence